MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/518356

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7		/					57							
8		/					58							
9		/					59							
10		/					60							
11	/						61							
12		/					62							
13		/					63							
14		/					64							
15		/					65							
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17		/					67							
18		/					68							
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37		/					87							
38		/					88							
39		/					89							
40		/					90							
41		/					91							
42		/					92							
43		/					93							
44		/					94							
45		/					95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3						TOTAL IND.							
TOTAL DEP.	42						TOTAL DEP.							
TOTAL CLAIMS	45						TOTAL CLAIMS							